



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
MOTOR FUEL TAX ADMINISTRATION
OFFICE OF PUBLIC CARRIER REGULATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

CERTIFICATE NUMBER:

APPLICATION FOR TRANSFER OF CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY
(to be completed by the transferring/selling Public Carrier)

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS REGISTRATION FORM. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. DOT/Certificate Number:

4. Primary physical business location address (Not P.O. Box):

Street:

City:

State:

Zip Code:

5. Mailing address (if different from business location):

Street or P. O. Box:

City:

State:

Zip Code:

6. Location of records (if different from business location):

Street:

City:

State:

Zip Code:

7. Federal employer identification number or individual proprietor's SSN:

8. Telephone number: - - Fax number: -

8. If we have questions regarding your Public Carrier activities, who should we contact?

Name: _____ Telephone number: -

9. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐
Limited Liability Company ☐ S Corporation ☐

10. Service type: (check one) Taxi ☐ Limousine ☐ Charter Bus ☐ Fixed Route Carrier ☐
Trolley ☐ Other (Please indicate) _____

11. Carrier type: (check one) Common - for hire to general public ☐ Contract - service provider to specific customer(s) ☐

12. Route type: (check one) Regular (Fixed) ☐ Irregular (determined by customer) ☐

Please specify the territory/territories previously served (check all that apply):

New Castle County ☐

Kent County ☐

Sussex County ☐

Fixed-Route Carriers: Please provide a map or maps showing present routes and schedules. **Please label as "Attachment A".**

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13. TRANSFER INFORMATION

Legal name of company receiving Certificate:_____

Trade name, if different from legal name: _____

Primary physical business location address (Not P.O. Box):

Street: _____ City: _____ State: _____ Zip Code: _____

Mailing address (if different from business location):

Street: _____ City: _____ State: _____ Zip Code: _____

Location of records (if different from business location):

Street: _____ City: _____ State: _____ Zip Code: _____

Federal employer identification number or Soc. Security # of transferring company:_____

NOTE: Prior to submitting this application for transfer, the transferring company should wait until the purchasing company has been approved to receive a Certificate of Public Convenience and Necessity from the Office of Public Carrier Regulation. The Office of Public Carrier Regulation will not approve an applicant who does not meet statutory criteria, even if medallion/vehicle sales/purchases have transpired.

NOTE: If the sale of vehicles are involved, the applicable sales documents must be provided to the Office of Public Carrier Regulation.

14. **Vehicles:** Please provide detailed information regarding the vehicles to be considered for transfer as part of this application.

Year

Make

Model

Vehicle ID # (VIN)

Passenger Capacity

[illegible]

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15. Driver Listing: Please provide the names of the individuals who were drivers for the company:

Driver Name

Date of Birth

Driver's License Number:

Telephone #

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Have any of the individuals, partners, officers or employees of the company ever been convicted of a felonious or infamous crime involving fraud or deceit? Yes ☐ No ☐

16. Lease Agreement: Please complete the following if your vehicles were leased to others:

Lessee Name

Address

Telephone #

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17. Are you represented by an attorney? Yes ☐ No ☐

Attorney's Name and Firm: _____

Street or P. O. Box: _____

City: _____

State: _____

Zip Code: _____

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18. Please list any other existing Certificates of Public Convenience and Necessity:

19. Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes ☐ No ☐

NOTE: Once signed below, ignorance of the laws, rules or regulations by any person employed by your company will not absolve your company of the responsibilities of complying with said laws, rules and regulations.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application